

FORM 2*
Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	Title Member	SSN/FEIN <div style="background-color: black; width: 60px; height: 1.2em; margin-top: 5px;"></div>	DOB <div style="background-color: black; width: 60px; height: 1.2em; margin-top: 5px;"></div>	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	City Wellesley Hills	State MA	ZIP 02481	Phone Number <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
		Own. % Business Associated with		Effective Own. % in Applicant <div style="background-color: black; width: 30px; height: 1.2em; margin-top: 5px;"></div>
Name Alex Joffe	Title Member/Director/CBDO	SSN/FEIN <div style="background-color: black; width: 60px; height: 1.2em; margin-top: 5px;"></div>	DOB <div style="background-color: black; width: 60px; height: 1.2em; margin-top: 5px;"></div>	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	City Wellesley Hills	State MA	ZIP 02481	Phone Number <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant <div style="background-color: black; width: 30px; height: 1.2em; margin-top: 5px;"></div>
Name Jackson W. Borwick	Title Member/Director/COO	SSN/FEIN <div style="background-color: black; width: 60px; height: 1.2em; margin-top: 5px;"></div>	DOB <div style="background-color: black; width: 60px; height: 1.2em; margin-top: 5px;"></div>	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	City Wellesley Hills	State MA	ZIP 02481	Phone Number <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant <div style="background-color: black; width: 30px; height: 1.2em; margin-top: 5px;"></div>

Name Marc Vaccaro	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Solana Beach	State CA	ZIP 92075	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Ingrid Borwick	Title Member/Director		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City South Egremont	State MA	ZIP 01258	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Astrid VanZon	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Solana Beach	State CA	ZIP 92075	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Alexander Wagner	Title Member/Director/CEO/CFO		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant 8%	

Name Gabriele VanZon	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Ponte Vedra Beach	State FL	ZIP 32082	Phone Number [REDACTED]	

Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Barbara Tressler	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City San Diego	State CA	ZIP 92122	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Charles Tressler	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City San Diego	State CA	ZIP 92122	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Hans Wagner	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Robert Stewart Armstrong Jr.	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Bondville	State VT	ZIP 05340	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Cynthia L DeMartino	Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Address [REDACTED]	City Saco	State ME	ZIP 04072	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Joseph Ippocito	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Gary H Fischer	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name James Borwick	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Columbia	State MO	ZIP 65203	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]